

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013066

FILED
Apr 26, 2006
Secretary of State

Entity Name: CONTINENTAL WHOLESALERS OF TAMPA BAY INC.

Current Principal Place of Business:

710 94TH AVENUE NORTH., #302
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

710 94TH AVENUE NORTH., #302
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3491601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALZ, JOSEPH F
710 94TH AVENUE NORTH., #302
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRZEMINSKI, KRIS
Address: 592 100TH AVENUE NORTH., #203
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP () Delete
Name: KRZEMINSKI, KATHY
Address: 592 100TH AVE NO #203
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIS KRZEMINSKI

P

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date